



Name: EVANS, AUSTIN MICHAEL Institution: MANCHESTER FCI  
 Register Number: 20497-075 P.O. BOX 3000  
 Security/Custody: MEDIUM/IN MANCHESTER, KY 40962  
 Projected Release: 04-24-2015 / GCT REL Telephone: (606) 598-1900

Next Review Date: 06-08-2015 Driver's License/State: /  
 Next Custody Review Date: 03-20-2016 FBI Number: 713812FD9  
 Age/DOB/Sex: 22 / 04-28-1992 / M DCDC Number:  
 CIM Status: N INS Number:  
 PDID Number:  
 Other IDs:

Release Residence:	Paula Kotler, Mother 139 ASHLAND POINTE HENDERSONVILLE, TN 37075	Release Employer:	[Name] [Address] [POC]
Telephone:	(615) 497-0185	Contact Telephone:	

Primary Emergency Contact:	Paula Kotler, Mother 139 ASHLAND POINTE HENDERSONVILLE, TN 37075	Secondary Emergency Contact:	Jason Kotler, Step-Father 139 ASHLAND POINTE STREET HENDERSONVILLE, TN 37075 (615) 337-2809
Telephone:	(615) 497-0185	Telephone:	

**Mentor Information:****Controlling Sentence Information:**

Offense(s)/Violator Offenses	Sentence	Sentencing Procedure	Supervision Term
	60 MONTHS	3559 PLRA SENTENCE	3 YEARS

Controlling Sentence Began	Time Served/Jail Credit/Inoperative Time	Days GCT/EGT/SGT	Days FSGT/WSGT/DGCT	Parole Status
07-26-2013	4 YEARS 2 MONTHS 24 DAYS / 953 / 0	235 / 0 / 0	0 / 0 / 0	Hearing Date: NOT ENTERED Hearing Type: Last USPC Action:

Detainers: N

Special Parole Term: NOT ENTERED

Pending Charges:

Cim Status: N

Cim Reconciled: [Y/N/NA]

Financial Responsibility	Imposed	Balance	Case No./Court of Jurisdiction	Assgn/Schedule Payment
ASSESSMENT USDC	\$100.00	\$0.00	3:12-00206 / FTNM	FINANC RESP-COMPLETED

Financial Plan Active: N	Comm Dep-6 mos: \$2069.30
Financial Plan Date: 10-30-2013	Commissary Balance: \$435.26

**Payments**

Commensurate: Y
Missed: N

Judicial Recommendations: Alabama area / subs. abuse / None

Special Conditions of Supervision:	Defendant will be placed in a half-way house for twenty (20) months as a condition of his supervised release.
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**INMATE SKILLS DEVELOPMENT PLAN**

**USPO** Bob Musser, Chief  
**Sentencing:** Tennessee Middle Probation Office  
 Estes Kefauver United States Courthouse Annex  
 110 Ninth Avenue South Room A-725  
 Nashville, TN 37203  
**Phone/Fax:** 615-736-5771 / 615-736-5519

**USPO** [POC]  
**Relocation:** [District]  
 [Street Address/Suite]  
 [City], [State] [Zip]  
**Phone/Fax:** [Phone] / [Fax]

**Subject to 18 U.S.C. 4042(B) Notification:** Y  
 • Conviction for a drug trafficking crime (federal)

**DNA Required:** Y - 10-31-2013  
**Treaty Transfer Case:** N

**Profile Comments:****EDUCATION DATA**

Facility	Assignment	Description	Start Date	Stop Date
MAN	GED HAS	COMPLETED GED OR HS DIPLOMA	11-04-2013	CURRENT
MAN	ESL HAS	ENGLISH PROFICIENT	11-04-2013	CURRENT

**COMPLETED EDUCATION COURSES**

Course Description	Completion Date	Course Hours
CARPENTRY AM: M,T,R,F	11-18-2014	195
CALISTHENICS CLASS	06-11-2014	2
MASONRY PM: M,W,F	05-05-2014	114
ABDOMINAL CLASS	03-26-2014	2
SPINNING-FCI BEGINNERS	01-16-2014	1
RPP#5 RELEASE PREP PROG A&O	11-14-2013	1

**HIGH TEST SCORES**

Test	Subtest	Score	Test Date	Test Facl	Form	State
Inmate has no score history items in this area						

**WORK DATA**

Facility	Assignment	Description	Start Date	Stop Date
MAN	ORD LAUR A	ORDERLY LAUR A	01-01-2015	CURRENT

**WORK HISTORY**

Facility	Assignment	Work Assignment Description	Start Date	Stop Date
		Inmate has no work history items in this area		

**DISCIPLINE HISTORY**

UDC / DHO	Hearing Date	Report No.	Prohibited Act / Description	Sanction
Inmate has no disciplinary history items in this area				

**MOVEMENT DATA**

Facility	Assignment	Description	Start Date	Stop Date

Name: EVANS, AUSTIN MICHAEL

RegNo: 20497-075

MAN	A-DES	DESIGNATED, AT ASSIGNED FACIL	10-30-2013	CURRENT
<b>MOVEMENT HISTORY</b>				
Facility		Assignment	Start Date	Stop Date
	Inmate has no movement history items in this area			

<b>CASE MANAGEMENT ASSIGNMENTS</b>				
Facility	Assignment	Description	Start Date	Stop Date
MAN	RPP UNT C	RELEASE PREP UNIT PGM COMPLETE	04-17-2014	CURRENT
MAN	RPP PART	RELEASE PREP PGM PARTICIPATES	11-07-2013	CURRENT
MAN	V94 CDA913	V94 CURR DRG TRAF ON/AFT 91394	10-30-2013	CURRENT

<b>MEDICAL DUTY STATUS ASSIGNMENTS</b>				
Facility	Assignment	Description	Start Date	Stop Date
MAN	NO PAPER	NO PAPER MEDICAL RECORD	10-31-2013	CURRENT
MAN	YES F/S	CLEARED FOR FOOD SERVICE	10-31-2013	CURRENT
MAN	REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	10-31-2013	CURRENT

**INMATE SKILLS DEVELOPMENT PLAN****PROGRAM REVIEW: 03-11-2015****ACADEMIC****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<b>INTELLECTUAL FUNCTIONING</b> ⊕ no intellectual deficits ① has NOT attended special education classes
	<b>LITERACY</b> ⊕ GED obtained ① obtained through BOP
	<b>LANGUAGE</b> ⊕ fluent in English as primary language
	<b>COMPUTER SKILLS</b> ⊕ possesses keyboarding skills ⊕ possesses word processing skills ⊕ possesses internet navigation skills
<b>Progress and Goals</b>	
<b>Previous TEAM 03-11-2015</b>	
<b>Current TEAM</b>	

**VOCATIONAL/CAREER**    **\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<b>EMPLOYMENT HISTORY</b> ① unemployed at time of arrest ⊖ no consistent history of employment 5 years prior to incarceration ① sporadic history of employment (frequent, non-promotional job changes)
	<b>CAREER DEVELOPMENT</b> ⊖ does not possess significant expertise in field _____ ⊖ no realistic career/job goals upon release
	<b>INSTITUTION WORK HISTORY</b> ⊕ has a consistent institution work history Eval: 02-28-2015 Good Eval: 01-31-2015 Good Eval: 12-31-2014 Good Eval: 11-30-2014 Good Eval: 10-31-2014 Good Eval: 09-30-2014 Good
	<b>POST INCARCERATION EMPLOYMENT</b> ⊖ post-incarceration employment not secured ① unable to locate employment _____ ⊖ no release documents obtained to date

**VOCATIONAL/CAREER \*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Progress and Goals	
<b>Previous TEAM 03-11-2015</b>	Continue programming until release on 06-08-2015. (FINAL PROGRAM REVIEW)
<b>Current TEAM</b>	

**INTERPERSONAL \*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<b>RELATIONSHIPS</b> ⊕ no adverse life experiences  ⊕ no negative peer influences prior to incarceration
	<b>FAMILY TIES/SUPPORT SYSTEM</b> ⊕ consistent social support available Immediate Family: Financial Immediate Family: Emotional Immediate Family: General Relative: Emotional Relative: General Friend: Emotional Friend: General
	<b>PARENTAL RESPONSIBILITY</b> ① no children under the age of 21  ① no children under the age of 21 financially responsible for  ① RRC (MINT) Placement is not applicable
	<b>COMMUNICATION</b> ⊕ displays good communication skills
Progress and Goals	
<b>Previous TEAM 03-11-2015</b>	Continue programming until release on 06-08-2015. (FINAL PROGRAM REVIEW)
<b>Current TEAM</b>	

**WELLNESS****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<b>HEALTH PROMO/DISEASE PREVENT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> overweight</li> <li><input checked="" type="checkbox"/> height 5 ft. 6 in.</li> <li><input checked="" type="checkbox"/> weight (lbs) 180</li> <li><input checked="" type="checkbox"/> BMI Score 29</li> <li><input checked="" type="checkbox"/> date calculated 11-05-2013</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> no regular exercise</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> no evidence of behaviors associated with increased risk of infectious disease</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> does not use tobacco (cigarettes, cigars, and/or smokeless tobacco)</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> had a primary care provider or clinic (prior to incarceration)</li> <li><input type="checkbox"/> does not have health insurance coverage upon release</li> </ul>
	<b>DISEASE/ILLNESS MANAGEMENT</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> complies with treatment recommendations and/or takes medications as prescribed, or none required</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> healthy - No current health concerns</li> <li><input checked="" type="checkbox"/> no dental problems</li> <li><input checked="" type="checkbox"/> no non-routine services/assistance devices needed</li> </ul>
	<b>TRANSITIONAL PLAN</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> does not require medication upon release from custody</li> <li><input checked="" type="checkbox"/> does not require on-going treatment or follow-up after release from custody</li> <li><input checked="" type="checkbox"/> TB Clearance Complete - See Exit Summary</li> <li><input checked="" type="checkbox"/> health Services recommends for RRC placement</li> </ul>
	<b>GOVERNMENT ASSISTANCE</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> has not previously received Social Security assistance</li> <li><input checked="" type="checkbox"/> Inmate indicates he/she may not be eligible for Social Security assistance after release</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> has not served in the U.S. Armed Forces, U.S. Military Reserves, AND/OR U.S. National Guard</li> <li><input checked="" type="checkbox"/> spouse or a parent has not served in the U.S. Armed Forces, U.S. Military Reserves, AND/OR U.S. National Guard</li> </ul>
<b>Progress and Goals</b>	
<b>Previous TEAM 03-11-2015</b>	
Continue programming until release on 06-08-2015. (FINAL PROGRAM REVIEW)	
<b>Current TEAM</b>	

**MENTAL HEALTH****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<p><b>SUBSTANCE ABUSE MANAGEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> evidence of inappropriate use of alcohol, prescription medications and/or illegal drugs in the year prior to arrest</li> <li>alcohol: Weekly</li> <li>marijuana/hashish: Daily</li> <li>opium/morphine/demeral: Daily</li> <li>other (ECSTACY): Monthly</li> <li>other (PSILOCYBIN): Monthly</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> history of substance abuse treatment</li> <li><input type="checkbox"/> unsuccessful substance abuse treatment: self-help/NA/AA: Incomplete</li> <li><input checked="" type="checkbox"/> not currently participating in substance abuse treatment</li> </ul>
	<p><b>MENTAL ILLNESS MANAGEMENT</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> no history of mental health diagnosis prior to incarceration</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> mental health diagnosis during incarceration</li> <li><input checked="" type="checkbox"/> substance related disorders</li> <li><input type="checkbox"/> further mental disorder treatment required</li> <li><input checked="" type="checkbox"/> inmate agrees and/or seeks treatments</li> <li><input checked="" type="checkbox"/> inmate is compliant with treatment</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> no history of serious suicidal ideation or attempts</li> </ul>
	<p><b>TRANSITIONAL PLAN</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> no medication required upon release from custody</li> <li><input type="checkbox"/> requires on-going treatment after release from custody</li> <li><input type="checkbox"/> treatment required: Substance Abuse TX: Aftercare Services / Relapse Prevention Services</li> <li><input type="checkbox"/> follow-up medical/mental health appointment: TDAT at RRC or as directed by USPO</li> <li><input checked="" type="checkbox"/> psychology services recommends RRC placement</li> </ul>
<b>Progress and Goals</b>	
<p>Previous TEAM 03-11-2015</p> <p>Current TEAM</p>	

**COGNITIVE****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<p><b>GENERAL BEHAVIOR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> evidence of behavioral problems as a juvenile</li> <li><input checked="" type="checkbox"/> truancy</li> <li><input checked="" type="checkbox"/> arrest record as a juvenile</li> <li><input checked="" type="checkbox"/> other: Theft of property under \$500.00. Possession of Alcohol, Possession of a Weapon on School Property. Burglary.</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> no evidence of behavioral problems as an adult</li> </ul>
	<p><b>CRIMINAL BEHAVIOR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> onset of criminal behavior before the age of 14</li> </ul>

**INMATE SKILLS DEVELOPMENT PLAN****PROGRAM REVIEW: 03-11-2015****COGNITIVE****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

	<ul style="list-style-type: none"> <li><input type="checkbox"/> criminal versatility: convictions in 3 or more categories</li> <li><input checked="" type="checkbox"/> no significant history of violence: Less than 2 violent convictions</li> </ul>
<b>Progress and Goals</b>	
<b>Previous TEAM 03-11-2015</b>	
<p>Continue programming until release on 06-08-2015. (FINAL PROGRAM REVIEW)</p> <p><b>Current TEAM</b></p>	

**CHARACTER****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<p><b>PERSONAL CHARACTER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> no history of behaviors indicative of positive personal character</li> <li><input checked="" type="checkbox"/> religious assignment: OTHER</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> no evidence easily influenced by other</li> </ul>
	<p><b>PERSONAL RESPONSIBILITY</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> reports responsibility for current incarceration as:</li> <li><input checked="" type="checkbox"/> self (sole responsibility)</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> no efforts to make amends for their crime(s)</li> </ul>
<b>Progress and Goals</b>	
<b>Previous TEAM 03-11-2015</b>	
<p>Continue programming until release on 06-08-2015. (FINAL PROGRAM REVIEW)</p> <p><b>Current TEAM</b></p>	

**LEISURE****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<p><b>USE OF LEISURE TIME</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> activities indicative of positive use of leisure time;</li> <li><input checked="" type="checkbox"/> family time</li> <li><input checked="" type="checkbox"/> sports/exercise</li> <li><input checked="" type="checkbox"/> movies/television/music</li> <li><input checked="" type="checkbox"/> computers/video games</li> <li><input checked="" type="checkbox"/> reading</li> <li><input checked="" type="checkbox"/> cultural events/concerts/theater</li> <li><input checked="" type="checkbox"/> hobbies (includes hunting, fishing, etc.)</li> </ul>

**LEISURE****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Progress and Goals	
<b>Previous TEAM 03-11-2015</b>	Continue programming until release on 04-24-2015. (FINAL PROGRAM REVIEW)
<b>Current TEAM</b>	

**DAILY LIVING****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

Status	Response Summary
	<b>FINANCIAL MANAGEMENT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> knowledge in maintaining checking account</li> <li><input type="checkbox"/> knowledge in maintaining savings account</li> <li><input type="checkbox"/> knowledge in utilizing an ATM debit card</li> <li><input type="checkbox"/> knowledge in obtaining loans</li> <li><input type="checkbox"/> has an established positive credit history</li> <li><input type="checkbox"/> lived within financial means</li> <li><input type="checkbox"/> pays monthly bills on time</li> </ul>
	<b>FOOD MANAGEMENT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> possesses grocery shopping/consumer skills</li> <li><input type="checkbox"/> makes good nutritional choices to maintain health</li> <li><input type="checkbox"/> possesses basic food preparation skills</li> <li><input type="checkbox"/> knowledgeable in accessing community resources to obtain food</li> </ul>
	<b>PERSONAL HYGIENE/SANITATION</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> good personal hygiene and sanitation</li> <li><input type="checkbox"/> quarters assignment: HOUSE L/RANGE 02/BED 912U</li> </ul>
	<b>TRANSPORTATION</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> does not have valid driver's license</li> <li><input type="checkbox"/> No outstanding motor vehicle violations</li>   <li><input type="checkbox"/> does not own personal vehicle with appropriate insurance</li> <li><input type="checkbox"/> possesses public transportation skills and has access to public transportation</li> </ul>
	<b>IDENTIFICATION</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> does not have photo identification</li> <li><input type="checkbox"/> does not have birth certificate</li> <li><input type="checkbox"/> does not have social security card</li> </ul>
	<b>HOUSING</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> established housing year prior to incarceration</li> <li><input type="checkbox"/> established housing: no financial contribution toward housing</li> <li><input type="checkbox"/> established housing: lived with family</li> <li><input type="checkbox"/> established housing: publicly assisted</li> <li><input type="checkbox"/> established housing not in a high crime neighborhood</li>   <li><input type="checkbox"/> housing upon release</li> <li><input type="checkbox"/> not applicable - supervision district a relocation</li> </ul>

**DAILY LIVING****\*\*\* Disregard Response Summary and utilize only the Progress & Goals section \*\*\***

	<input type="checkbox"/> anticipated housing plan approved by USPO(s) <input type="checkbox"/> no concerns with anticipated housing plan
	<b>RESIDENTIAL REENTRY CENTER (RRC) PLACEMENT</b> <input type="checkbox"/> not recommended for RRC placement <input type="checkbox"/> Management Decision: Evans has 20 months of Public Law Placement upon release recommended by the Judge.
	<b>FAMILY CARE</b> <input type="checkbox"/> not responsible for obtaining child care for any dependent children upon release <input type="checkbox"/> not responsible for obtaining elder care for any dependent(s) upon release <input type="checkbox"/> not responsible for obtaining any other special services for dependents upon release
<b>Progress and Goals</b>	
<b>Previous TEAM 03-11-2015</b>  Continue programming until release on 04-24-2015. (FINAL PROGRAM REVIEW)	
<b>Current TEAM</b>	

**INMATE SKILLS STATUS**

Status	Initial Assessment 11-07-2013	Previous Assessment 03-11-2015	Current Assessment 03-11-2015
 Attention Required	23.9%	35%	35%
 Mitigating Issues	0%	0%	0%
 Unanswered	18.3%	0%	0%
 Satisfactory	54.4%	61.7%	61.7%
 Not Applicable	3.3%	3.3%	3.3%

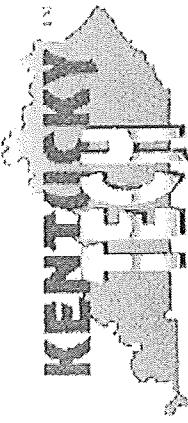
Skill Area	Attention Required	Mitigating Issues	Unanswered	Satisfactory	Not Applicable
Academic	0%	0%	0%	100%	0%
Vocational/Career	75%	0%	0%	25%	0%
Interpersonal	0%	0%	0%	90%	10%
Wellness	15%	0%	0%	65%	20%
Mental Health	60%	0%	0%	40%	0%
Cognitive	65%	0%	0%	35%	0%
Character	50%	0%	0%	50%	0%
Leisure	0%	0%	0%	100%	0%
Daily Living	50%	0%	0%	50%	0%

*Office of Vocational Training, FCI Manchester*  
*Accredited Through Clay County*  
*Area Technology Center*

*This is to certify that*

*Austin Evans*

*has completed the training for the class*



**Masonry**

**114 Credit Hours**

*on this date of*

**May 5, 2014**

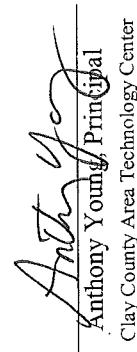
*under the direction of*

Vocational Training  
FCI Manchester  
Manchester, Kentucky

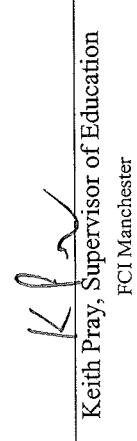
*in accordance with the basic standards of training  
established by Vocational Training/Educational Services*



Jared Craft  
VIT Instructor  
FCI Manchester



Anthony Young  
Principal  
Clay County Area Technology Center



Keith Pray  
Supervisor of Education  
FCI Manchester

*Office of Vocational Training, FCI Manchester*  
*Accredited Through Clay County*  
*Area Technology Center*

*This is to certify that*

*Evans, Austin*

*has completed the training for the class*

**Carpentry  
195 Credit Hours**

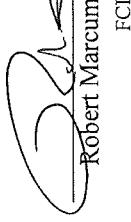
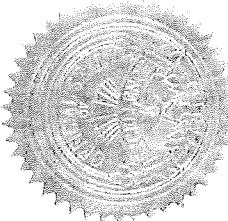
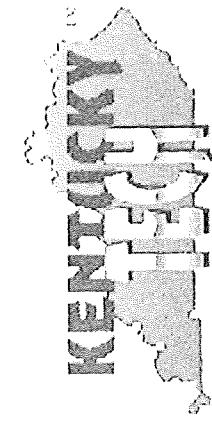
*on this date of*

**November 18, 2014**

*under the direction of*

Vocational Training  
FCI Manchester  
Manchester, Kentucky

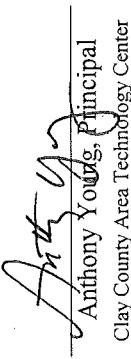
*in accordance with the basic standards of training  
established by Vocational Training/Educational Services*



Robert Marcus, Education Specialist  
FCI Manchester



Anthony Young, Principal  
Clay County Area Technology Center



Keith Pray, Supervisor of Education  
FCI Manchester

**Bureau of Prisons  
Psychology Services  
Group Participation**

\*\*SENSITIVE BUT UNCLASSIFIED\*\*

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Inmate Name:	EVANS, AUSTIN	Reg #:	20497-075
Date of Birth:	04/28/1992	Sex:	M
Date:	09/04/2014	Facilitator:	(P)Madden, A. MA/DTs
		Group Facility:	MAN
		Group Title:	[51] FCI DRG ED #44

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Status: Completed  
 Enroll Date: 09/04/2014 End Date: 11/20/2014  
 Total Hours: 10.5

**SESSION DATA:**

Number of Sessions: 9		First Session Date: 09/18/2014	Last Session Date: 11/20/2014		
Date	Title	Duration	Attendance	Participation	Homework
11/20/2014	Final Exam	90	Complete Session	Good	Not Apply
11/06/2014	Substances of Abuse	90	Complete Session	Good	Not Apply
10/30/2014	Stages of Change	90	Complete Session	Good	Not Apply
10/23/2014	No Group - DTS at Training	0	Incomplete Session	Not Apply	Not Apply
10/16/2014	Biopsychosocial Model	90	Complete Session	Good	Not Apply
10/09/2014	ABC's of Rational Thinking	90	Complete Session	Good	Not Apply
10/02/2014	Marijuana & Physiology	90	Complete Session	Good	Not Apply
09/25/2014	No Group - Operational Review	0	Incomplete Session Not	Not Apply	Not Apply
09/18/2014	Introductions	90	Complete Session	Good	Not Apply

Attendance		Participation	Homework	
Complete Session Present	77.8 %	Good	77.8 %	Not Apply 100.0 %
Incomplete Session	11.1 %	Fair	0.0 %	Satisfactory 0.0 %
Excused		Poor	0.0 %	Unsatisfactory 0.0 %
Incomplete Session Not	11.1 %	Not Apply	22.2 %	
Excused				
Absent Excused	0.0 %			
Absent Not Excused	0.0 %			

**TEST DATA:**

Date	Title	Type	Score
11/20/2014	Final Exam	Posttest	110

# Certificate of Achievement

This certifies that

Austin Evans

has satisfactorily completed

Freedom from Drugs

Consisting of 15 Hours of Training

This certificate is hereby issued this 20th day of November, 2014

Dr. H. Harris, Ph. D., DAPC

A. Madden, M.A., DTS